



Sample  
CHILD STUDY TEAM MANUAL

For U.S. SABIS® Network Schools



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# Introduction to Child Study Team Manual

## ***What is the Child Study Team?***

The child study team is a multidisciplinary group of school professionals who gather together to organize resources and develop plans to assist children experiencing learning or behavioral difficulties in the general education setting.

**The child study team members embrace the philosophy that:**

- All children can learn
- Educators are responsible to teach them
- Parents are partners
- Children's needs should be addressed in the general education setting whenever possible.

By working with the students in the child study phase, the CST not only helps the student remain and succeed in the general education setting, but also decreases unnecessary referrals to special education.

The Child Study Team Manual explains the process of the CST and includes samples of the forms, data collection tools, and information pieces that are intended to be used within the process. It describes the multidisciplinary approach to collaboration throughout each CST case. It also gives a step by step outline of the process and includes samples of possible intervention strategies used to intervene with students who are experiencing academic, behavioral, or health problems.

## THE CHILD STUDY TEAM (CST) PROCESS

The primary goal of the CST is to arrive at appropriate solutions to students' problems in the school environment through a cooperative effort. The process is one in which information is shared and creative strategies/interventions are suggested, implemented, and tracked to address an academic, emotional, or medical concern in the regular education setting. Team members should include persons who have relevant information to contribute about the student. Team members could include general education teachers, social workers, academic quality controllers, and special education teachers, among other professionals.

CST addresses problems found through concerns brought up by parents, teachers, or staff members. The concerned party may complete an initial CST referral form describing in detail their concerns with a student. Parents may contact a member of the CST with their concerns to be listed on a CST form by that member.

The CST chair will then schedule a time slot for the student to be discussed at a subsequent CST meeting, and will distribute the data gathering forms to appropriate staff members (including teachers, SMC's, social workers, parents, etc.)

Prior to the child study team meeting, the classroom teacher will be responsible for completing a **Child Study Team Request Form**, which documents their concerns about the student, what methods and materials have already been tried (including the duration and results of the trial), and a summary of the present level of academic functioning.

Prior to the meeting, the parent or primary caregiver will be requested to complete a **Child Study Parent Input Form** documenting developmental history, medical status, and interventions used within the home setting, and the school social worker will complete a **Counselor Form** including a record search and possibly a **Classroom Observation Form**.

During the initial child study team meeting, a review of the area of concern should be conducted and recorded in the child study team log book. Data to discuss may include: educational history (record of progress, test scores, attendance, and classroom behavior), vision and hearing status, speech and language skills, medical history and physical status. The classroom teacher, other professionals and/or paraprofessionals should also provide work samples or additional achievement information. Once all of the information is gathered, suggestions/interventions should be generated for the student based on the student's age and ability level in the regular education setting. When recommendations are made, each assigned member will be expected to follow up and keep documentation on the student's response to the intervention. It is important to note that the CST's role is to be a support and resource to the teacher-not to replace or relieve the teacher of his/her responsibility for educating the child. It is expected that for the process to work everyone involved must do their part.

A follow up Child Study Team meeting will be scheduled at the initial or other meetings that may follow. At the follow up meeting(s), the results of the attempted suggestions/interventions will be evaluated, and the team members will decide if further adaptations or modifications are necessary.

Confidentiality is a very important aspect of the Child Find / Study process. As part of the Child Study process you may have access to information pertaining to individual students, including medical documents, intervention plans, cumulative school records. **All information is confidential and must be treated as such.**

## **Child Study Team Process: Step by Step**

The following steps are to be used with a child for whom there is an educational, behavioral, or health concern:

### ***STEP 1: PRIOR TO CHILD STUDY TEAM REFERRAL***

- 1) Begin documenting areas of concern, including attempts made to address the concern and the results of those attempts; ***SEE POSSIBLE BEHAVIORAL INTERVENTION SUGGESTIONS LIST ON PAGE 6***
- 2) Complete the child study team pre-referral.
- 3) Provide additional data as requested.

### ***STEP 2: CHILD STUDY TEAM MEETING***

- 1) Be an active participant by sharing interventions already attempted and the results of the interventions.
- 2) Be willing to accept new ideas or suggestions from the team.

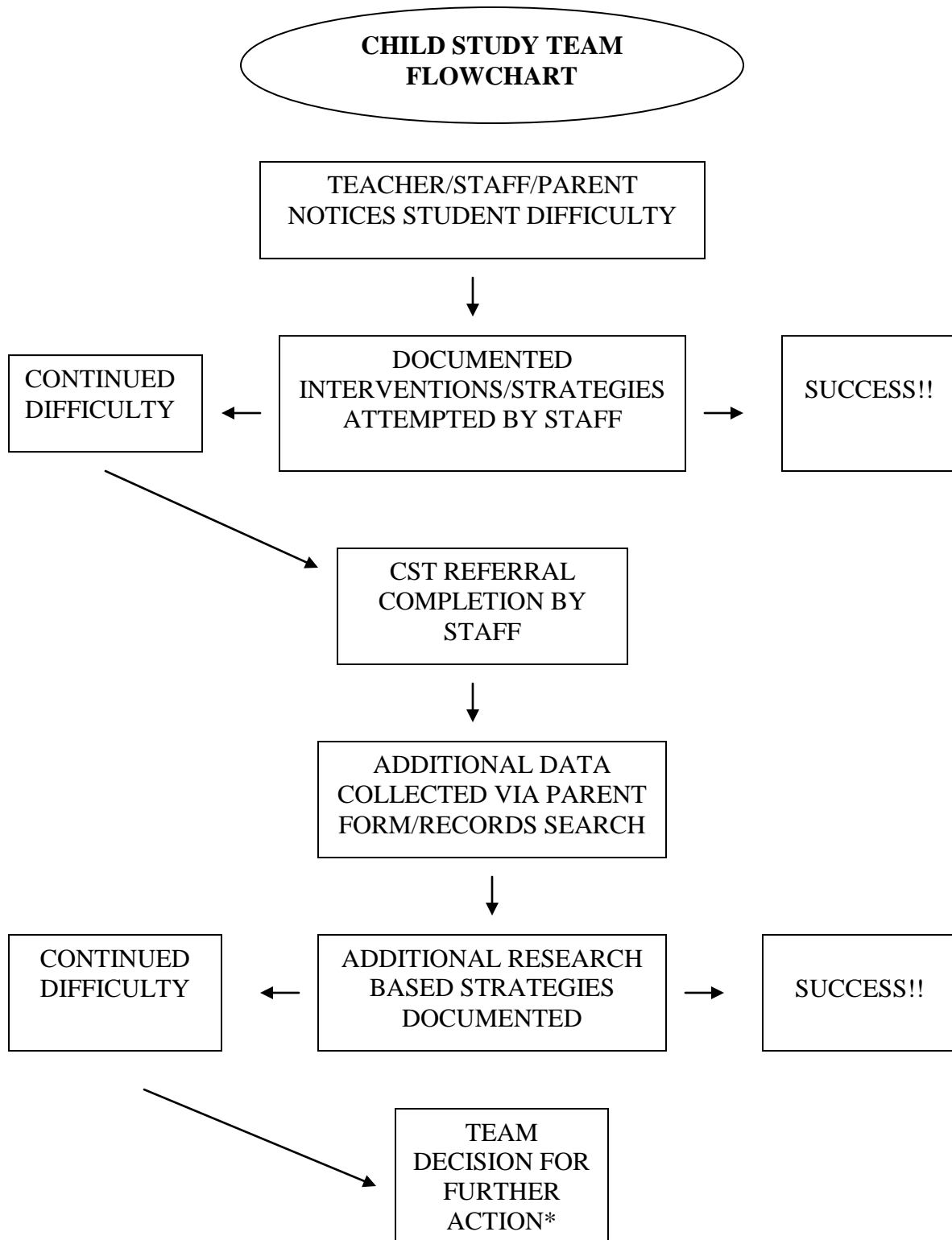
### ***STEP 3: POST-CHILD STUDY TEAM MEETING***

- 1) Implement the suggestions from the meeting
- 2) Keep records of the time, duration, and response to interventions
- 3) Provide feedback to child study team members
- 4) If the student is not showing a positive response to the intervention, contact the child study team members to schedule a follow up child study team meeting.

### ***STEP 4: FOLLOW-UP CHILD STUDY TEAM MEETING***

- 1) Discuss the notes and information from the first meeting; address the student's response to intervention(s).
- 2) If the student has responded to intervention - SUCCESS! - continue interventions as needed.
- 3) If the student has not responded positively to intervention - look for possible other interventions that could be implemented in order to achieve success.
- 4) Repeat Steps 3 and 4 as appropriate.
- 5) If the team feels the student has not had any success from the interventions - discuss possible referral for Section 504 eligibility or special education eligibility.

**STEP 5: SPECIAL EDUCATION OR 504 REFERRALS – Handle according to district procedures**



## **Child Study Team**

### **Suggestions for Possible Behavioral Interventions**

#### **Teacher ONLY (Non-verbal or verbal cues)**

- Soften tone to a whisper when correcting behavior
- Wait, stand still
- Count down
- Provide recognition (praise) for changed or improved behavior
- Self-evaluation.
  - Could I (my reactions, comments, facial expressions, or body language) be a part of the problem?
- Use proximity (walk or stand near the student)
- Make eye contact with the student
- Give student the “teacher look” showing that you disapprove
- Tally, record, or log off task behaviors when observed
- Shake your head “No”
- Give a statement of disfavor
- Say their name
- Touch student on shoulder or desk to refocus attention

#### **Teacher and Student (verbal, reflection, written notes)**

- Student self-evaluation (using teacher initiated questions) identifying behavioral/academic concerns
- Pull to the side and talk one on one (Glasser approach)
- Create a plan for improvement together
- Send positive notes home
- Student writes letters home with reflections on their daily behavior
- Loss of daily behavior points
- Point out positive behavior of other students (role-models)
- Hallway time-out (with clear redirection and time limits)
- Whisper in ear
- Statements such as:
  - “That behavior would be fine outside, but it isn’t allowed in here.”
  - “That behavior is not acceptable anywhere.”
  - “Save that for later.” (during recess, lunch etc.)
- Using an “I” message. (“I get distracted when a pencil is tapping.”)
- Set firm limits, rules, and expectations and remind student of them often
- Provide choices
  - “Would you rather work quietly or have a time – out?”
  - “Would you rather talk this over with me now or after class (school)?”
- Check or tally system
- Use warnings



- Use hand signals
- Write a letter home to parent
- Record behavior in their diary
- Meet them at the door – with a positive comment
- Give praise (verbal, high fives, pat on the back, etc.)
- Ask about personal information (“How was your weekend?”)
- Modify the activity
- Use a point system or contract
- Provide appropriate free time
- Have student work with a mentor or peer tutor
- Modify the physical environment of the classroom

#### **Minor Discipline Infraction – Teacher response**

- Re-assign seating
- Isolate seating
- Assign to a seat near teacher for a period of time
- Give a time – out (inside classroom – an area away from others)
- Give a time-out (outside the classroom – a few minutes to “blow off steam”)
- Send to lunch last (keep them back to discuss behavior)
- Conference with student and SMC
- Catch them being good whenever possible
- Have them fill out a “re-think” paper
  - What happened?
  - How do I feel?
  - How did it affect others?
  - What can I do next time?
- Set up an appointment (involve parent if needed) to discuss the problem. Require the student to come up with a new behavior before they return to the activity the next time.
- Send to another teacher or team member for a “break”
- Daily / weekly progress report (STAR chart)
- Provide additional academic support

#### **Intensive Intervention – (involves parents, administration)**

- Hold a staffing to discuss student with all teachers who work with them
- Team teachers meet with student
- Student sent to office, responsibility room ,resource room for “cool down” - no counseling involved
- Restrict student from the area (or activity) of the infraction until adults feel another try is in order. Student returns on a day-by-day basis after that (depending upon behavior)

- Provide a natural or logical consequence with empathy
  - “I’m sorry that worked out that way for you. Where are you going to eat now that you can’t be in the cafeteria? Think it over and let me know when you have come up with a solution.”
- Student writes an informational letter to parent and administrators describing actions or problem, and a plan for improvement. This must be signed by parent and returned in order to come back to class. (student/parent behavior contract)
- Appointment with teacher, administrator, parent. The team discusses probable solutions and consequences.
- Remove from activity for the remainder of month, term, or year

## **CST INTERVENTIONS**

As a regular education support, one of the primary functions of the CST is to design and implement academic and behavioral interventions for students experiencing difficulties in the regular education setting. The most successful intervention plans will encompass the following:

- Will address the students’ immediate needs
- Are based on teacher and parent input
- Consider variables other than student performance (environment, personality, learning styles, cultural differences etc.)
- Are objective or data based so that effectiveness can be measured
- Are least intrusive, most natural, and most effective
- Support the regular educator in implementing the interventions

# International Academy of Flint



## Child Study Team Request

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dominant Language: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

### Reason for request

**Behavior:** poor self control \_\_\_\_ anger/aggression: \_\_\_\_ anxiety: \_\_\_\_

**Academics:** reading \_\_\_\_ math \_\_\_\_ other: \_\_\_\_\_

excessive absences \_\_\_\_ speech concerns \_\_\_\_

### Student's teachers

name	Subjects taught

(Please attach a copy of the student's schedule. See office for a copy if needed.)

1. Reason for referral. Please be as specific and as factual as possible. Describe observed behaviors, strengths, weaknesses, academic performance, and interaction with peers.

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2. Please indicate the modifications you have tried with this student.

Classroom Management Techniques		
Attempted	Effective	
-----	-----	State expectations and rules clearly
-----	-----	Question student about reason for behavior
-----	-----	Re-direct student activities
-----	-----	Provide understanding and support of student behavior
-----	-----	Develop a token economy
-----	-----	Referral to discipline
Physical Changes in the Classroom		
Attempted	Effective	
-----	-----	Changes in groupings
-----	-----	Proximity to teacher
-----	-----	Proximity to specific peers
-----	-----	Isolation
-----	-----	Use of study carrel
-----	-----	Provide organizational strategies
Curriculum Adjustments		
Attempted	Effective	
-----	-----	Adjust level of materials
-----	-----	Change textbook
-----	-----	Adjust the amount of content being taught per lesson
-----	-----	Provide supplemental material
-----	-----	Adjust amount of new work / review
-----	-----	Adjust amount of written work
-----	-----	Allow additional time to complete assignment
Other Interventions Attempted		

3. What information would you like the parent/guardian to know about the student's development?

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4. What plan would you like developed with the parent/guardian?

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5. Please list 2 or 3 suggestions that you would like the CST to consider when planning interventions for this student.

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6. *Please attach samples of work done by the student, any modified quizzes or class work, and any other documentation that would help the members of the CST.*

Signature: \_\_\_\_\_

**Counselor**

1. Upon review of the student's **cumulative folder**, located in the front office, and/or the special education folder, please list any significant information that relates to the student. (e.g. excessive absences or tardiness, suspensions/infractions, retentions etc.)

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2. Please list any formal testing done with the student.

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**Date of next CST meeting:** \_\_\_\_\_

Meeting notes and interventions considered:

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**Follow-up meeting scheduled for:** \_\_\_\_\_

Follow-up meeting notes and interventions considered:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD STUDY TEAM PARENT/GUARDIAN INPUT FORM

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Others living in the child's home:

*Name Age Relationship to child:*

\_\_\_\_\_  
\_\_\_\_\_

*How long has the child lived in this area?* \_\_\_\_\_

*State previous school(s) your child has been enrolled in:*

*Name and location* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **BACKGROUND INFORMATION**

City/Place of Birth \_\_\_\_\_ Birth Weight \_\_\_\_\_

# of weeks gestation \_\_\_\_\_

Was there anything unusual about the pregnancy or birth? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
If yes, explain:

Age when: \_\_\_\_\_

First words:

First sentences:

Walked alone unaided:

Toilet trained:

Sit and listen to stories:

Verbally recite the alphabet:

Verbally count to 10:

Identify the alphabet (visually):

Write the alphabet:

Identify colors:

Tell time:

## **MEDICAL INFORMATION**

Has your child's doctor ever put "tubes" in his/her ears? Y N If Yes:

Date \_\_\_\_\_

Are there any known medical concerns or injuries? Y N

If Yes, Explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Has your child ever been hospitalized? Y N If Yes:



Date(s) \_\_\_\_\_

Are there any concerns about your child's vision or hearing? Y N

If Yes, Explain:

\_\_\_\_\_CURRENT  
INFORMATION

Time your child wakes up in the morning: \_\_\_\_\_

Time your child goes to sleep at night: \_\_\_\_\_

Any sleep difficulties? Y \_\_\_\_\_ N \_\_\_\_\_

If Yes, Explain:

\_\_\_\_\_What  
academic activities are reinforced at home?

Approximate amount of time your child watches television or plays video games  
a day: \_\_\_\_\_

*What behavior management techniques work  
BEST?* \_\_\_\_\_

\_\_\_\_\_What  
*behavior management techniques are LEAST effective?*

\_\_\_\_\_Describe  
*your child's  
strengths:* \_\_\_\_\_

\_\_\_\_\_Describe  
*your child's weaknesses:*

\_\_\_\_\_What are  
*your major concerns about your child's progress in school?*

*Is your child involved with any medical, mental health, or counseling agencies?* Y  
N

If yes, would you give permission for information to be shared with this school  
system?

\_\_\_\_\_Please  
write anything else you feel would be important for us to know and better  
understand your child and his or her learning:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Observation Form

**Student Name:**

**Grade:**

**Structure Level of Class:**

**Teacher:**

**Date:**

**Class observed:**

**Amount of Peers in Class:**

**Observation completed by:**

Reason for Observation:

Initial Student Appearance:

Interaction with others:

Behaviors of Concern:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Length of

behavior\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration\_\_\_\_\_

\_\_\_\_\_

Level of

Disruption\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_